

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/28/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  08/23/2017
NAME OF PROVIDER OR SUPPLIER  JEFFERSON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 315 SS=E	<p>483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>(e) Incontinence.</p> <p>(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 315	<p>Residents #77 and #117 were evaluated for the appropriateness of a bladder retraining program on September 7, 2017 and interventions implemented based upon their evaluations.</p> <p>The facility's Bowel and Bladder Assessment Tool and Protocol has been updated. In-services will be conducted by the QA/PI Coordinator with all nursing staff to educate regarding the revisions. All residents will be assessed for decline based on the revised tool by the MDS Nurses. Interventions will be put in place, if applicable, by the QA/PI Coordinator in coordination with Nursing Unit Managers and Interdisciplinary Team members using the updated protocol.</p> <p>(Continue on page 2)</p>	9/29/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rog L. Mynatt

Administrator

9-14-17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  JEFFERSON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 314 INDUSTRIAL PARK RD DANDRIDGE, TN 37729		
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F 315	<p>Continued From page 1</p> <p>Based on medical record review, observation, and interview, the facility failed to implement a bladder retraining program, after a decline in urinary continence, for 2 (#77 and #117) residents of 3 residents reviewed for urinary incontinence of 27 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #77 was admitted to the facility on 2/28/17 with diagnoses including Chronic Kidney Disease, Stage 2, Ataxia, Diabetes, Alzheimer's Disease, and Major Depressive Disorder and Benign Prostatic Hyperplasia.</p> <p>Medical record review of the admission Minimum Data Set (MDS) dated 3/7/17 revealed the resident was always continent of urine.</p> <p>Medical record review of the quarterly MDS dated 6/4/17 revealed the resident was frequently incontinent of urine.</p> <p>Medical record review of the Bowel and Bladder Assessment dated 6/4/17 revealed the resident scored a 14 indicating the resident was a candidate for a toileting schedule and the resident's voiding pattern was to be established.</p> <p>Interview with Licensed Practical Nurse (LPN)/MDS nurse #1, on 8/23/17 at 8:35 AM, in the MDS office, revealed LPN #1 had completed the Bowel and Bladder Assessment form dated 6/4/17 and gave the completed form to the Unit Manager for further action.</p> <p>Observation and interview with Resident #77 on 8/23/17 at 9:55 AM, in the resident's room,</p>	F 315	<p>(Continued from page 1)</p> <p>Thereafter, this process will take place on a quarterly basis.</p> <p>Incontinence tracking will be added to the monthly QA/PI agenda and be a topic of discussion each month. The revised Assessment Tool and Protocol will be discussed at the September, 2017 QA/PI meeting.</p>		

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F 315	<p>Continued From page 2</p> <p>revealed the resident lying on the bed. Interview with the resident revealed the resident was sometimes aware of the need to void.</p> <p>Interview with Registered Nurse (RN)/Unit Manager (#1) on 8/23/17 at 9:00 AM, at the nursing station revealed RN #1 had referred the resident to therapy to screen for toileting after receiving the Bowel and Bladder Assessment from LPN #1.</p> <p>Interview with the Rehabilitation Manager on 8/23/17 at 9:10 AM, at the nursing station revealed the therapy department had not received a referral to screen the resident for a toileting program.</p> <p>Interview with RN #1 on 8/23/17 at 9:20 AM, at the nursing station, confirmed a bladder retraining program had not been developed for Resident #77.</p> <p>Medical record review revealed Resident #117 was admitted to the facility 4/12/15 with diagnoses including Muscle Weakness, Hypertension, Anxiety Disorder, Vascular Dementia, and Overactive Bladder.</p> <p>Medical record review of the Annual MDS dated 4/3/17 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was independent in cognitive skills for daily decision making, and was occasionally incontinent of urine.</p> <p>Medical record review of the Quarterly MDS dated 7/2/17 revealed the resident had a BIMS score of 15, and was frequently incontinent of urine.</p>	F 315			

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F 315	Continued From page 3  Medical record review of the Bowel and Bladder Assessment dated 7/2/17 revealed "... total score 15...Score 21-15-Good candidate for individual training..."  Observation and interview on 8/23/17 at 8:50 AM, with the resident in the resident's room revealed the resident seated in a wheelchair. Interview with the resident revealed was sometimes aware of the need to void.  Interview with the Rehabilitation Manager on 8/23/17 at 9:10 AM, at the Nursing Station, confirmed the therapy department did receive a referral for Resident #117, but an individualized bladder retraining program had not been developed for the resident.	F 315	